

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARSHALL TAYLOR
229 Lewis Street
PRATTVILLE, AL
36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marshall Taylor

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

05 W 745
3/27/06 Sho W cause
Order

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from service)

7004 2510 0001 0150 3524

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540